

# CLIC Sargent Nurse Educator Initiative: results of a two-year evaluation

A copy of the full report is available from [supporter.services@clicsargent.org.uk](mailto:supporter.services@clicsargent.org.uk)

**Executive Summary**

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## Background

The Nurse Educator (NE) initiative was funded by a partnership between CLIC Sargent, Morrisons and the Stavros Niarchos Foundation and commenced in February 2017 as a pilot in one region with four additional Nurse Educators appointed to other regions since then. It was designed in response to evidence that non-cancer specialists supporting children with cancer require more information to remain up to date with treatments and technology. Work on the initiative was paused in March 2020 due to the Covid-19 pandemic although it is hoped further funding can be found for it to continue when it is safe and appropriate to do so.

## Evaluating the initiative

An independent, two-year evaluation of the NE initiative was conducted. This aimed to determine whether, and how, the initiative spread best practice nursing by helping local nursing teams offer safe care closer to home. Also, whether the initiative increased the reach of CLIC Sargent. The evaluation utilised comprehensive data about the activities of NEs alongside feedback from professionals attending NE events, regional case studies, consultation of senior nurses from across the UK<sup>1</sup> and focus groups and interviews with a small number of families.

## The Nurse Educator role

NEs are expert nurses who go out into local communities to educate health, social care, allied health, and other professionals working with children with cancer and their families. They support these professionals to develop their clinical skills, knowledge, and confidence in treating children with cancer. The aim of the initiative is to help families of children diagnosed with cancer to feel more confident that they can access safe care close to home, thus increasing the quality of their family lives.

CLIC Sargent designed the model to respond to regional differences<sup>2</sup> and it proved flexible and responsive enough in practice to do this. This meant, however, that it required a set-up phase of a few months within each region to identify needs and design a service to respond to them.

Nurse Educators initially spent around half their time involved in meetings and scoping work:

1. **Developing and maintaining local contacts**, to establish the NE role and determine the best way to deliver a programme of support within each region.
2. **Attending national network meetings**, conferences, and events to influence practice within and across regions and nationally.
3. **Meeting together as a team** to share their learning.

All these activities helped to promote awareness of CLIC Sargent as an organisation, its purpose, activities and resources.

NEs spent the rest of their time teaching. They offered foundation training for nurses to help services meet minimum peer-review standards (i.e. having two nurses trained to foundation level per shift<sup>3</sup>); support with specialist or innovative therapies for areas with more developed shared care services or in response to specific needs, and; awareness training for professionals working outside the NHS (e.g. social work teams). The balance of activities shifted more to teaching as the initiative became more established.

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<sup>1</sup> Members of the Royal College of Nursing and Children's Cancer and Leukaemia Children and Young People Cancer Nurses group.

<sup>2</sup> These differences relate to how services are structured, the relative emphasis on shared care and community delivery, and the level, type, and frequency of training already provided.

<sup>3</sup>This refers to training which provides oncology skills training for nurses not administering chemotherapy.

Several core topics (central lines, febrile neutropenia, protocols, and the use of the Telephone Triage Toolkit<sup>4</sup>) were built into the initiative to promote consistency of practice. NEs offered both ongoing support and/or bespoke one-off sessions. Topics such as treatment types and side effects, clinical trials, and interpreting test results were covered in response to requests.

NEs also work regular clinical shifts within a 'host' PTC. These help NEs keep their skills up to date and allow them to work directly with families, emphasising messages about the care available to them in shared care centres.

NEs use CLIC Sargent and other resources to support their work as well as develop new education and training materials. These resources are shared with professionals so that they can use the resources themselves or with the families they work with. NEs have specific responsibilities for keeping CLIC Sargent's Online Information Resource up to date, providing information about all aspects of cancer. This resource covers almost every aspect of cancer and has national and international reach<sup>5</sup>.

### Who Nurse Educators worked with

Over three years and across five English regions, NEs logged:

- 5,740 attendances at their activities across all five regions, involving at least 600 unique individuals. Many professionals received support and/or training on multiple occasions.
- 3,840 interactions with nurses who were the main target audience of the initiative. The involvement of student nurses meant that paediatric cancer teaching was included in their training.
- Contacts with a wide range of professionals, including doctors, social workers, allied health professionals, pharmacists, and health play specialists.

Almost three quarters of those supported by the initiative worked outside a PTC in a POSCU, other hospital setting or in the community. Around half of those involved in the initiative had worked with children with cancer for less than five years, and/or once a month or less often.

NEs were able to establish themselves as a credible resource and received an increasing number of requests over time from professionals from PTCs, POSCUs and those working in the community to run events (by March 2020, 90 per cent of events were run in response to requests). Senior nurses from the RCN CCLG Children and Young People's Cancer Nurses group indicated that clinical staff in their regions were aware of the NE role and believed that NEs knew and understood good practice in cancer care at a national level.

Participating professionals provided positive feedback about NE events, regardless of their job role or their work setting, although Allied Health and community-based professionals gave particularly high ratings. Professionals also felt that the sessions met their needs and were delivered effectively.

### Impact on professionals

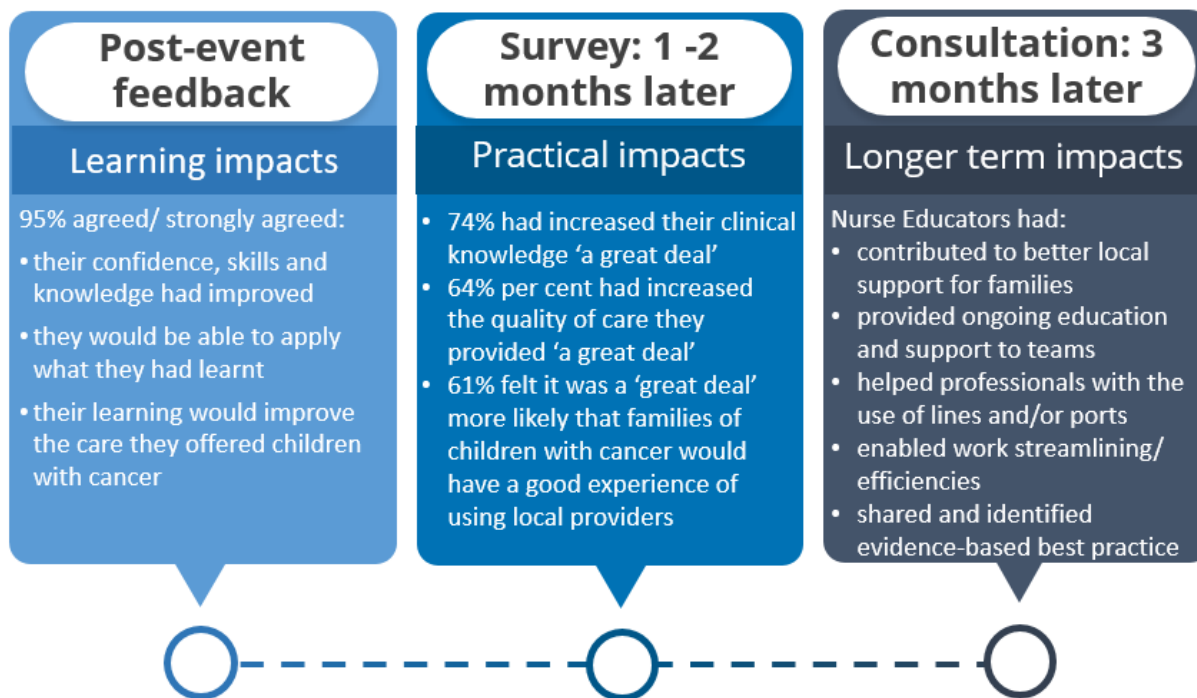
Professionals had observed clear impacts on their confidence, skills, and knowledge, and were putting what they had learnt during NE events into practice, improving the care that children with cancer received (see Figure A). Senior nurses working in regions covered by NEs felt that they had successfully enhanced the understanding of good practice amongst clinical staff.

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<sup>4</sup> The toolkit is designed to assist staff to identify and prioritise the presenting problems of cancer patients.

<sup>5</sup> During the period 1<sup>st</sup> July 2017 to 31<sup>st</sup> May 2020 the OIR received 37,883 page hits.

Figure A: Views of professionals about the impact of the Nurse Educator initiative



Source: 769 feedback forms, 109 survey responses and 46 online consultation responses from professionals

### Impact on families

Families of children with cancer were asked about the potential of the initiative to support them. They had often observed a lack of confidence amongst shared care professionals when treating their children, experienced poor communication between PTCs and their local hospitals, and seen examples of inconsistent practice. Parents therefore welcomed the aim of NEs to provide more education in shared care, and to better link shared care with PTCs. The views on families about the steps necessary for them to choose care closer to home are summarised in Figure B.

Professionals working in the regions observed that since working with NEs, families in their area appeared happier to access local care and more were making the choice to do so. They attributed this to the education and support they had received from NEs resulting in the delivery of higher standards of care.

CLIC Sargent estimates that over a third of the direct costs families need to cover are the result of travelling to appointments. Transport costs families an average of £224 per month. When families can confidently choose safe care closer to home this can therefore have significant positive implications for family finances.

**Figure B: The road to shared care, encouraging local care choices**



*Source: focus groups and interviews with parents, children, and young people with cancer*

### Impact on shared care and good practice

By spending time working at a PTC and with POSCU and community teams, NEs helped to build bridges between PTCs and shared care units and move them towards more consistent practice. They did this based on a unique 'helicopter view' of practice; their reputation as a credible and reliable source of support; their impartial viewpoint, without affiliations to one service or organisation within a region and; evidence-based knowledge of the most up-to-date best practice. Training staff on the correct use of the Telephone Triage Toolkit, for example, aimed to promote consistency of practice across different areas, as did making suggestions like holding regular meetings between PTCs and shared care centres, where these were not already established.

Some NHS locations were not managing to meet their responsibilities for basic, 'foundation training' due to the removal of NHS cancer peer review visits and the resulting difficulty of sustaining Shared Care infrastructure. As a result, NEs delivered more of this type of training than expected. NEs also provided immediate and practical support to community teams when they needed it (e.g. support with the administration of cytarabine chemotherapy).

### Conclusions

- Shared care can have significant benefits for families. When non-specialists are adequately trained and their skills kept up to date, families do have confidence in the model and choosing local treatment options can have a significant positive impact on family life. However, the NE initiative has demonstrated the challenges that many shared care services face.
- Where shared care and community staff are central to children's cancer treatment they must be supported to gain, maintain, and retain the knowledge, skills, and confidence they need to make safe care closer to home a reality.
- The NE initiative was able to successfully fill gaps at foundation level whilst simultaneously supporting professionals and services with more specialist and/or complex needs. This was based on NEs having detailed knowledge of how local services worked and what their needs were. NEs were therefore able to get the right support to the right people at the right time.

- The education programme provided by NEs increased the clinical knowledge, confidence, and skills of participating professionals who were able to put what they learnt into practice, improving the care they were able to provide.
- NEs shared good practice within and between regions and across different teams and organisations within a region. This allowed them to build bridges between care settings which also helped promote consistency of practice.
- Professionals believed that NEs had improved the choices and treatment available to children with cancer because more professionals were able to offer a wider range of treatments confidently in local settings because of their work. This had also made local care more attractive to families.
- The NE initiative raised the profile of CLIC Sargent locally, regionally, and nationally with NEs acting as ambassadors at a strategic level (e.g. at networking events and conferences) and day to day with frontline staff.

**Figure C: What Nurse Educators offer**



## Recommendations

The NE initiative has confirmed the potential benefits of the shared care model for families but also developed evidence about the significant challenges shared care faces. CLIC Sargent is well placed to use the experiences of NEs to feed into future strategies about how best to move shared care forward.

To maximise learning from the initiative, CLIC Sargent should consider:

1. **Broad dissemination of the experiences and insights of NEs.** For example, through presentations to Networks, Operational Delivery Networks, Alliances, Clinical Reference Groups, and national leaders sharing key underlying findings about the current needs and possible solutions to supporting safe care close to home for families.
2. **How the findings in this report can be used in to support the development of the organisation's post-Covid strategic plan.** Staying close to home could be a factor of future care and government policy with public transport a heightened concern for families. Supporting the shared care and community treatment model could therefore be even more important in future.

An additional recommendation is for the NHS to investigate how the operation of a support package like that provided by NEs can potentially reduce NHS treatment costs. If significant savings can be made, this makes the case for investing in such an initiative even stronger.